

## Case Study 1

Patient is a 20 year old female, diagnosed AxSpA 3 months ago. HLA-B27 -ve, no raised Inflammatory markers, MRI shows Bilateral sacroillitis and inflammation in the Thoracic spine. Takes occasional cox-2 inhibitor.

Presentation – 6 month history of back and buttock pain, no other joint problems, previously fit and well, no co-morbidities, non smoker, previously attended gym and attended park run monthly. No blood results from last month. Full spinal range of motion but some pain throughout range of thoracic and lumbar movements.

EMS lasting 2 hours, wakes in night with back pain. No major fatigue. Back pain lasts all day but is worse in AM and at night. Works on reception of a hotel, lots of sitting.

1. Define assessments to help with management (if any)
2. Outline treatment targets
3. Devise a treatment program for this patient

## Case Study 2

Patient is a 40 year old male, Diagnosed AxSpA 1 year ago, takes regular Cox-2 inhibitor. HLA-B27 +ve, raised Inflammatory markers, MRI shows Bilateral sacroillitis and inflammation in the Thoracic spine. Takes regular cox-2 inhibitor.

Presentation – 5 year history of back and buttock pain, MCPJ Synovitis bilaterally, BMI 32, no other co-morbidities, smoker (15/day), no previous exercise history. No blood results from last month. Mildly restricted range of motion to thoracic and lumbar movements, pain through range.

EMS lasting 2 hours, wakes in night with back pain. No major fatigue. Back pain lasts all day but is worse in AM and at night. Works on reception of a hotel, lots of sitting. Hand pain is restricting keyboard and mouse use. Recent onset of left sided heel pain limiting walking distance.

1. Define assessments to help with management (if any)
2. Outline treatment targets
3. Devise a treatment program for this patient

### Case Study 3

Patient is a 60 year old male, Diagnosed AxSpA 25 year ago, takes regular Cox-2 inhibitor and Anti-tnf. HLA-B27 +ve, Xrays show bilateral SIJ fusion, bridging osteophytes throughout the spine.

Presentation – 40 year history of back and buttock pain, BMI 32, High BP, multi joint pains in knees and hips, smoker (15/day), no previous exercise history. Last months blood results are all normal.

Spinal stiffness is constant. Spinal pain is manageable but range of motion extremely restricted throughout. Gets out of breath on brisk walking. Doesn't work, likes bowls but currently not playing, walks dog twice daily for roughly 10 mins.

1. Define assessments to help with management (if any)
2. Outline treatment targets
3. Devise a treatment program for this patient